| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 009669 | A. BUILDING: _____ B. WING _____ | C 08/25/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TANGLEWOOD TRACE | 530 W TANGLEWOOD LN MISHAWAKA, IN 46545 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00204432.<br><br>Complaint IN00204432 - Substantiated. No deficiencies related to the allegation are cited.<br><br>Survey date: August 25, 2016.<br><br>Facility number: 009669<br>Provider number: N/A<br>AIM number: N/A<br><br>Census bed type:<br>Residential: 62<br>Total: 62<br><br>Sample: 3<br><br>Tanglewood Terrace was found to be in compliance with 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00204432.<br><br>QR was completed by 99993 on 08/26/16. | R 000 | | |